



The Commonwealth of Massachusetts
Department of Veterans' Services
REQUEST FOR AUTHORIZATION FOR VETERANS' BENEFITS – Form VS-21B
Form VS-21B (Short Form)



VS-21B is limited to submission with Requests of "one" to "three" months, with No Changes in Budget, income, Address, or Living Conditions since last VS-21A or VS-21B; or an "Information Only" submission.

Date of VS-21B: _____

State Case Number: _____

City/Town: _____

Local Use: _____

Applicant's Name: _____

I AM RECOMMENDING VETERANS' BENEFITS AS FOLLOWS:

<u>Code*</u>	<u>Month & Year**</u>	<u>Ord. Ben.</u>	<u>Fuel</u>	<u>Nurs. Hm.</u>	<u>Doctor</u>	<u>Meds</u>	<u>Hospital</u>	<u>Dental</u>	<u>Misc.</u>

* = Letter Codes: enter "A" for Amendments, and "I" for Information Only submissions.

** See 108 CMR 4.02(3) for submission time limits.

**FAILURE TO RESPOND IN A TIMELY MANNER TO REQUESTS LISTED IN AUTHORIZER'S COMMENTS
MAY RESULT IN DENIAL OF BENEFITS AND DISALLOWANCE OF REIMBURSEMENT!**

Authorized: _____ **Denied:** _____ **Edited & Approved:** _____ **Authorizer's Comments:** _____

Additional Authorizer Comments Attached: **Yes** **No**

FOR THE COMMISSIONER:

Authorizer's Signature: _____ **Date:** _____

VETERAN'S SERVICES OFFICER/AGENT'S COMMENTS (Use Additional Sheet If Needed): _____

Signature of Veteran's Services Officer/Agent Date

Printed/Typed Name of VSO: _____